

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000119751

FILED
Apr 19, 2011
Secretary of State

Entity Name: A GIFT OF LIFE HOME CARE NURSING, LLC

Current Principal Place of Business:

13 BLACK OAK CT
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

13 BLACK OAK CT
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 43-2092018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REV. KATHLEEN A. HAGERMAN, ORD., MTH
13 BLACK OAK CT
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HAGERMAN, KATHLEEN REV
Address: 13 BLACK OAK CT
City-St-Zip: PALM COAST, FL 32137

Title: MGRM
Name: HAGERMAN, RICHARD
Address: 13 BLACK OAK CT
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REV KATHLEEN HAGERMAN

MGRM

04/19/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date